

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51								
2		/					52								
3		/					53								
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
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35		/					85								
36		/					86								
37		/					87								
38		/					88								
39		/					89								
40		/					90								
41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.	4						TOTAL IND.								
TOTAL DEP.	26						TOTAL DEP.								
TOTAL CLAIMS	30						TOTAL CLAIMS								